Submit this Application (with attachments) and 11 copies (without attachments) to: Louisville Metro Office of Policy and Strategic Planning

Louisville Metro Hall Annex 517 Court Place, 6th Floor Annex, Suite 605 Louisville, Kentucky 40202

| | ARTS/CULT AGENCY FU | | | | CTIONS PLICATION FORM | |
|--|--|------------------------------------|-----------------------------|--|---|--|
| | APPLIC | CANT IN | VFO | RMATIO | N | |
| Legal Name of Applicant: | | | | | | |
| Contact Person Name: | | | | | Title: | |
| Contact Person Phone: Email A | | | Address: | | | |
| |] | MAIN O | FFI | CE | | |
| Street Address: | | | | | | |
| Phone: | Fax: | | | Website: | | |
| GEOGRAPI | HICAL AREAS | WHER | RE A | CTIVITI | ES ARE PROVIDED | |
| Facility Location(s): | | | | | | |
| Council District(s): | | | Zip Codes: | | | |
| Neighborhood(s): | | | Neighborhood Place Site(s): | | | |
| Metro Government Facilities | s (i.e., Communi | ty Center | rs an | d Commu | nity Schools): | |
| | FINAN | CIAL IN | IFO] | RMATIO | N | |
| Total EAF Request: \$ | | | | | | |
| Louisville Metro Revenue C | ommission Acco | unt Num | ıber: | | | |
| Please attach a copy of the A | articles of Incorp | oration to | o thi | s application | on. | |
| Please attach one of the followard Determined Copy of applicant's finance Determined Copy of applicant's finance Determined Copy of applicant's finance Determined Copy of applicant in the followard Copy of applicant in the fol | rmination [| Letters | s of A | Affirmation | rmination Letter n from IRS. are less than \$25,000) | |
| Fiscal Year Start Date: | Applican | t's Curre | nt F | iscal Year | Total Budget: \$ | |
| | | | | | etro Government, <u>including funds</u> <u>sighborhood Development Funds)</u> | |
| Source: | | | Amount: \$ | | | |
| Source: | | | Amount: \$ | | | |
| Source: | | | | Amount: \$ | | |
| Does the applicant have a ce | rtified audit perf | ormed ea | ach y | vear? | Yes No | |
| | | SIGNAT | ГUR | ES | | |
| limitation, the "Certification my organization will not be falsification is shown after for | s and Assurance be eligible for f unding has been ther certify that | es" is acc unding i approved | curat if in d, an | e to the be vestigation y allocation | this application (including, without est of my knowledge. I am aware that at any time shows falsification. If ons already received and expended are ign this application for the applying Date: | |
| FOR OFFICE USE ONLY Date | e Received | Mailed | l-In [| Dropped- | Off Initials | |

INSTRUCTIONS FOR PROGRAM NARRATIVE

The Program Narrative consists of the following nine sections. Respond to the sections in the order they appear. Number each and retype the section headings appearing in bold type. In the event that a section does not pertain to your program, type the number and section heading anyway and put "Not Applicable" in the space where a response should appear. Responses in this section should be typed (on one side only) on 8.5" x 11", white paper, and single spaced, with double spacing between paragraphs.

- **1. Summary of the Program.** Briefly (in 300 words or less) provide a summary of the program that includes a description of the specific client population that will be served by the program.
- **2.** Capacity of the applicant and relevant organizational experience (15 points). List and describe the backgrounds, roles and responsibilities of key management and program staff.
- 3. Extent of the problem and its relevancy to the Mayor's Strategic Plan (15points)
 - Describe how this program promotes at least one of the Mayor's Strategic Goals (provided on page 1 of this Handbook)
 - List any other goals or objectives for your program.

4. Soundness of approach (50 points)

- Briefly describe what resources (inputs) will be committed to achieve the program's stated goals and what services or activities will be provided to the program's targeted client population (outputs).
- Briefly describe the program's targeted benefits (measurable outcomes).
- Briefly describe the program's process for collecting data and the indicators that will be tracked to measure the success of your program.
- If the program was a 2005/2006 External Agency Fund Grantee:
 - o Provide specific examples of the manner in which the services provided benefited the targeted client population;
 - o Discuss any significant changes that the will be made in the program;
 - o Attach a Logic Model that indicates the inputs, activities, outputs and measurable outcomes (see Sample Logic Model on page 49)

5. Leveraging and collaboration of community resources (10 points)

- Briefly describe any existing collaborative relationships your organization has with other community organizations.
- Describe how you will collaborate with other community organizations.
- Briefly describe the program's utilization of volunteers or in-kind contributions.
- **6. Sustainability** (**10 points**) Describe any efforts to increase and/or diversify program resources and any strategies for capacity building.

INSTRUCTIONS FOR PROGRAM NARRATIVE (CONTINUED)

7. Broaden (30 points)

- Describe any partnerships with neighborhoods and/or Louisville Metro Government and its departments. (See website for department. www.louisvilleky.gov Must provide a signed letter from department director or neighborhood leader verifying partnership.)
- Describe how the program improves access to arts and cultural venues and opportunities.

8. Deepen (30 points)

- Describe how the program elevates learning and appreciation of the arts for children and adults.
- Describe how the program promotes knowledge of heritage and culture.
- Describe how the program enhances professional development of arts/cultural providers and/or individual artists.

9. Diversify (30 points)

- Describe the program's ability to create new audiences.
- Describe how the program reaches out to underserved populations (geographic, ethnicity, age and disabled persons).
- **10. Re-granting.** Awarded funds may not be re-granted except in cases where the applicant can demonstrate how re-granted funds will be used to achieve two or more of the sections on this page (Sections 7 through 9)..

DEADLINE: MARCH 23, 2006

PROGRAM BUDGET SUMMARY

The Program Budget should realistically estimate how much money is needed from Metro Government. This application should be for funds which are absolutely essential for the program. The Program Budget will be reviewed for cost effectiveness and for the direct relationship between planned expenditures and planned program activities.

Please remember that EAF grants are awarded competitively, and as competition for limited funds increases, applications that are over-budgeted are less likely to receive support.

For each line item, enter whole-dollar amounts. Round off any cents to the nearest whole dollar.

| THE PROGRAM BUDGET | EAF REQUESTED AMOUNT | OTHER SOURCES | TOTAL |
|--|----------------------------|------------------|-------|
| Salaries (including unemployment insurance, workers' comp, others) | \$ | \$ | \$ |
| Rents/Utilities | \$ | \$ | \$ |
| Office Supplies (including consumables) | \$ | \$ | \$ |
| Telephone | \$ | \$ | \$ |
| Capital Expenses | \$ | \$ | \$ |
| Travel: In-Town | \$ | \$ | \$ |
| Client Assistance | \$ | \$ | \$ |
| Other Expenses (please attach a list of these items and amounts) | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| TOTAL: | \$ | \$ | \$ |

Total EAF Amounts Requested (from all Metro Funding Agency EAF Grant Applications) cannot exceed 33% of the Applicant's Total Current Fiscal Year

PROGRAM BUDGET SUMMARY (CONTINUED)

| 1. Proposed Louisville Metro Government Funds Requested (Total Column 1) \$ |
|--|
| 2. Number of Proposals Submitted for 06/07 Fiscal Year |
| 3. Total Louisville Metro Government Funds Requested in all submitted proposals |
| 4. Applicant Organization's Current Fiscal Year Budget Total \$ |
| 5. Percentage of <u>All Requested EAF Funds</u> to Applicant Organization's Current FY Budget (Cannot exceed 33% of Applicant Organization's Current FY Budget) |
| 6. What percent of the Applicant Organization's Annual budget is in-kind donation?% |
| 7. What percent of the Applicant Organization's Annual Budget is projected income?% |
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